

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Report Date: <b>February 11, 2016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | Bureau/Station/Facility: <b>North Patrol Division / Lancaster Station</b>                                                                                                                                                                                                                                                                                                                                                                                 |           | Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| <b>Incident Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| URN: <b>016-02573-1137-013</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | Date: <b>February 11, 2016</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |           | Time: <b>1842 hours</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |
| City or Station: <b>Lancaster Station</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | Nature of Incident:<br><b>Deputies responded to an assault with a deadly weapon call. Upon deputies' arrival, the suspect exited his house armed with an axe. A deputy involved shooting occurred.</b>                                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Location:<br><b>La Vida Drive, Lancaster, California</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Location Type (check one or more):<br><input type="checkbox"/> Backyard<br><input type="checkbox"/> Beach<br><input type="checkbox"/> Business<br><input type="checkbox"/> Freeway<br><input type="checkbox"/> Industrial<br><input type="checkbox"/> Park<br><input type="checkbox"/> Parking Lot<br><input checked="" type="checkbox"/> Residence<br><input type="checkbox"/> Rural<br><input type="checkbox"/> School<br><input type="checkbox"/> Street<br>Other: |                   | Lighting (check only one):<br><input checked="" type="checkbox"/> Darkness<br><input type="checkbox"/> Daylight<br><input checked="" type="checkbox"/> Other<br><input checked="" type="checkbox"/> Street Lights<br><br>Weather (circle only one):<br><input checked="" type="checkbox"/> Clear<br><input type="checkbox"/> Cloudy<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Rain<br><br>Distance:<br><b>Approximately 10 to 15 ft</b> |           | Incident Type (check one or more):<br><input type="checkbox"/> Accidental<br><input checked="" type="checkbox"/> Armed Person<br><input type="checkbox"/> Fleeing Suspect<br><input type="checkbox"/> Foot Pursuit<br><input type="checkbox"/> Gun Take Away<br><input type="checkbox"/> Moving Vehicle<br><input type="checkbox"/> Sniper/Ambush<br><input type="checkbox"/> Staircase<br><input type="checkbox"/> Struggle Involved<br><input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Unarmed Person<br><input type="checkbox"/> Unintentional<br><input type="checkbox"/> Vehicle Pursuit<br><input type="checkbox"/> Warrant Service<br><input type="checkbox"/> Warning Shot<br>Other: |                                                                                                                 |
| Initiated by (check only one):<br><input type="checkbox"/> Arrest Warrant<br><input checked="" type="checkbox"/> Call<br><input type="checkbox"/> Observation<br><input type="checkbox"/> One Person Unit<br><input type="checkbox"/> Other<br><input type="checkbox"/> Search Warrant<br><input type="checkbox"/> Two Person Unit                                                                                                                                    |                   | Prior Activity (check only one):<br><input type="checkbox"/> Detective<br><input type="checkbox"/> Inmate Transport<br><input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Routine Patrol                                                                                                                                                                                                                                               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Total # of Shots Fired by Deputy: <b>10</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | Total # of Shots Fired by Suspect: <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                               |           | Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |
| <b>Employee Witnesses</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Employee #                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last Name         | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                | M.I.      | ShiftTime (check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ShiftType (check only one)                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Chapman</b>    | <b>Shane</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>T.</b> | <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Overtime <input type="checkbox"/> Off Duty |
| Employee #                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last Name         | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                | M.I.      | ShiftTime (check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ShiftType (check only one)                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty            |
| Employee #                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last Name         | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                | M.I.      | ShiftTime (check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ShiftType (check only one)                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty            |
| <b>Non-Employee Witnesses</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | M.I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Zip Code  | Work Ph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Home Ph                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | M.I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Zip Code  | Work Ph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Home Ph                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | M.I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Zip Code  | Work Ph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Home Ph                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| <b>Supervisors</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Employee #                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last Name         | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                | M.I.      | (check one or more):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Owen</b>       | <b>Steve</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>C.</b> | <input checked="" type="checkbox"/> On Duty<br><input type="checkbox"/> Present during shooting<br><input type="checkbox"/> Witness to shooting<br><input type="checkbox"/> Involved in shooting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| Employee #                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last Name         | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                | M.I.      | (check one or more):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Hutchinson</b> | <b>Jefferey</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>H.</b> | <input checked="" type="checkbox"/> On Duty<br><input type="checkbox"/> Present during shooting<br><input type="checkbox"/> Witness to shooting<br><input type="checkbox"/> Involved in shooting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| <b>Watch Sergeant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Employee #                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last Name         | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                | M.I.      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Gunn</b>       | <b>Anthony</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>L.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| <b>Watch Commander</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
| Employee #                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last Name         | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                | M.I.      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Fender</b>     | <b>Joseph</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>F.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |

PSTD Use Only

SH # **2395381**

**Los Angeles County Sheriff's Department**

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### Non-Employee Witnesses

|                |            |         |
|----------------|------------|---------|
| Last Name      | First Name | Mi      |
| Street Address | Zip Code   | Work Ph |
|                |            | Home Ph |

|                |                              |            |            |         |            |
|----------------|------------------------------|------------|------------|---------|------------|
| Last Name      | [REDACTED] (MB/11 years old) | First Name | [REDACTED] | M.I.    | [REDACTED] |
| Street Address | [REDACTED]                   | Zip Code   | [REDACTED] | Work Ph | [REDACTED] |
|                |                              |            |            | Home Ph | [REDACTED] |

|                |                      |            |            |         |            |
|----------------|----------------------|------------|------------|---------|------------|
| Last Name      | ██████████           | First Name | ██████████ | M.I.    | ██████     |
| Street Address | ████████████████████ | Zip Code   | ██████     | Work Ph | ██████████ |
|                |                      |            |            | Home Ph | ██████████ |

|                |  |            |  |         |  |
|----------------|--|------------|--|---------|--|
| Last Name      |  | First Name |  | M.I.    |  |
| Street Address |  | Zip Code   |  | Work Ph |  |
|                |  |            |  |         |  |

|                |  |            |         |         |  |
|----------------|--|------------|---------|---------|--|
| Last Name      |  | First Name |         | M.I.    |  |
| Street Address |  | Zip Code   | Work Ph | Home Ph |  |

|                |                                          |            |            |            |            |
|----------------|------------------------------------------|------------|------------|------------|------------|
| Last Name      | ██████████                               | First Name | ██████████ | M.I.       | ██████████ |
| Street Address | ████████████████████████████████████████ |            | Zip Code   | ██████████ | Work Ph    |
|                | ████████████████████████████████████████ |            |            | ██████████ | Home Ph    |
|                | ████████████████████████████████████████ |            |            | ██████████ | ██████████ |

|                |            |            |            |         |            |
|----------------|------------|------------|------------|---------|------------|
| Last Name      | [REDACTED] | First Name | [REDACTED] | M.I.    | [REDACTED] |
| Street Address | [REDACTED] | Zip Code   | [REDACTED] | Work Ph | [REDACTED] |
|                | [REDACTED] |            | [REDACTED] | Home Ph | [REDACTED] |

|                |  |            |  |         |  |
|----------------|--|------------|--|---------|--|
| Last Name      |  | First Name |  | M.I.    |  |
| Street Address |  | Zip Code   |  | Work Ph |  |
|                |  |            |  | Home Ph |  |

|                |            |         |         |
|----------------|------------|---------|---------|
| Last Name      | First Name | M.I.    |         |
| Street Address | Zip Code   | Work Ph | Home Ph |

|                |            |                 |
|----------------|------------|-----------------|
| Last Name      | First Name | M.I.            |
| Street Address | Zip Code   | Work Ph Home Ph |

|                |            |                 |
|----------------|------------|-----------------|
| Last Name      | First Name | M.I.            |
| Street Address | Zip Code   | Work Ph Home Ph |

|                |  |            |         |         |
|----------------|--|------------|---------|---------|
| Last Name      |  | First Name |         | M.I.    |
| Street Address |  | Zip Code   | Work Ph | Home Ph |

|                |            |                      |
|----------------|------------|----------------------|
| Last Name      | First Name | M.I.                 |
| Street Address | Zip Code   | Work Ph      Home Ph |

|                |            |                 |
|----------------|------------|-----------------|
| Last Name      | First Name | M.I.            |
| Street Address | Zip Code   | Work Ph Home Ph |

|                |            |         |         |
|----------------|------------|---------|---------|
| Last Name      | First Name | M.I.    |         |
| Street Address | Zip Code   | Work Ph | Home Ph |

|                |            |                   |
|----------------|------------|-------------------|
| Last Name      | First Name | M.I.              |
| Street Address | Zip Code   | Work Ph. Home Ph. |

| Rollout Information          |            |              |           |                |            |                        |    |
|------------------------------|------------|--------------|-----------|----------------|------------|------------------------|----|
| Arrival Date                 | 02/11/2016 | Arrival Time | 1900      | Date Submitted | 02/12/2016 | Date of Recommendation |    |
| Employee #                   |            | Last Name    | Adams     | First Name     | John       | M.I.                   | D. |
| Employee #                   |            | Last Name    | Smith     | First Name     | Jeffrey    | M.I.                   | B. |
| Employee #                   |            | Last Name    | Carrizosa | First Name     | Slade      | M.I.                   | M. |
| Shooting / Force Information |            |              |           |                |            |                        |    |

## Method

|      |                                    |      |                                      |
|------|------------------------------------|------|--------------------------------------|
| (AW) | Arwen                              | (OV) | Other Weapon Vehicle                 |
| (BC) | Baton (Control)                    | (OB) | Other Weapon: Blunt Object           |
| (BI) | Baton (Impact)                     | (OO) | Other Weapon: Other                  |
| (BF) | Bodily Fluids                      | (PK) | Personal Weapon: Feet/Leg (Kick)     |
| (CN) | Canine                             | (PS) | Personal Weapon: Feet/Leg (Sweep)    |
| (CR) | Carotid Restraint                  | (PH) | Personal Weapon (Hand/Arm)           |
| (CH) | Choke Hold                         | (PP) | Personal Weapon (Push)               |
| (CT) | Control Holds (Control Techniques) | (PO) | Personal Weapon (Other)              |
| (TT) | Control Holds (Team Takedown)      | (RS) | Resistance                           |
| (TD) | Control Holds (Takedown)           | (CN) | Restraint Device (Capture Net)       |
| (CE) | Chemical                           | (RH) | Restraint Device (Handcuffs)         |
| (OC) | Chemical Agents (OC Spray)         | (HB) | Restraint Device: Hobble (Legs Only) |
| (TG) | Chemical Agents (Tear Gas)         | (TP) | Restraint Device: Hobble (TARP)      |
| (EX) | Explosives                         | (RE) | Restraint Device: REACT Belt         |
| (FH) | Firearm (Handgun)                  | (SP) | Sap                                  |
| (FR) | Firearm (Rifle)                    | (SH) | Shield                               |
| (FS) | Firearm (Shotgun)                  | (SG) | 37mm Stinger                         |
| (FO) | Firearm (Other)                    | (SB) | Sting Ball                           |
| (FB) | Flashbang                          | (ST) | Stun Bag                             |
| (FL) | Flashlight                         | (TR) | Taser                                |
| (OE) | Other Weapon, Edged                | (UC) | Uncooperative                        |

## Type of Injury

|      |                    |
|------|--------------------|
| (AB) | Abrasion           |
| (BR) | Bruise             |
| (BU) | Burn               |
| (CP) | Complaint of Pain  |
| (CO) | Concussion         |
| (DH) | Death              |
| (DI) | Dislocation        |
| (DB) | Dog Bite           |
| (FR) | Fractures          |
| (GS) | Gunshot            |
| (HB) | Human Bite         |
| (LC) | Lacerations        |
| (ND) | Nerve Damage       |
| (OD) | Organ Damage       |
| (PA) | Paralysis          |
| (PW) | Puncture Wound     |
| (SD) | Soft Tissue Damage |
| (ST) | Sprain/Twists      |
| (UN) | Unconscious        |

## Body Part Injured

|      |           |
|------|-----------|
| (AD) | Abdomen   |
| (AK) | Ankle     |
| (AR) | Arm       |
| (BK) | Back      |
| (BT) | Buttocks  |
| (CH) | Chest     |
| (EL) | Elbow     |
| (FA) | Face      |
| (FE) | Feet      |
| (FI) | Fingers   |
| (GE) | Genitals  |
| (GR) | Groin     |
| (HD) | Hand      |
| (HE) | Head      |
| (HI) | Hip       |
| (IN) | Internals |
| (KN) | Knees     |
| (LE) | Leg       |
| (NK) | Neck      |
| (SH) | Shoulder  |
| (WR) | Wrist     |

**Brand**

|      |                         |      |                |      |                       |
|------|-------------------------|------|----------------|------|-----------------------|
| (AK) | AK-47                   | (JE) | Jennings       | (SW) | Smith & Wesson        |
| (BN) | Benelli                 | (LO) | Lorcin         | (SR) | Sturm Ruger           |
| (BR) | Beretta                 | (LU) | Luger          | (SS) | SIG Sauer             |
| (BW) | Browning                | (MA) | Marlin         | (ST) | Sterling              |
| (CH) | Charter Arms            | (MO) | Mossberg       | (TA) | Taurus                |
| (CO) | Colt                    | (NC) | NCI aka SKS    | (WE) | Weatherby             |
| (DA) | Davis Industries        | (NA) | North American | (WN) | Winchester            |
| (GL) | Glock                   | (NO) | Norinco        | (US) | US Government         |
| (HA) | Harrington & Richardson | (RA) | Raven          | (YY) | Handmade (Inmate)     |
| (HI) | Hi Standard             | (RM) | Remington      | (XX) | Homemade (Non-Inmate) |
| (HK) | H & K                   | (RG) | RG             | (ZZ) | Other Brand           |
| (IT) | Itasca                  | (RI) | RGI            |      |                       |

**Caliber**

|      |             |      |               |      |               |
|------|-------------|------|---------------|------|---------------|
| (9)  | 9 mm        | (24) | 243 caliber   | (41) | 410 guage     |
| (10) | 10 mm       | (25) | 25 caliber    | (44) | 44 caliber    |
| (12) | 12 guage    | (30) | 308 caliber   | (45) | 45 caliber    |
| (20) | 20 guage    | (35) | 357 caliber   | (50) | 50 mm         |
| (21) | 22-250      | (36) | 30-60 caliber | (SL) | Slug          |
| (22) | 22 caliber  | (38) | 38 caliber    | (WW) | Other caliber |
| (23) | 223 caliber | (40) | 40 caliber    |      |               |

**FORCE APPLIED** (one code per block)[illegible]

# Officer Involved Shooting Involved Employee Information

URN: 016-02573-1137-013

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| Involved Employee            |                                                                                                                                 |                       |                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                           |                 |                                           |          |                                                      |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------|----------|------------------------------------------------------|
| <b>E 1</b>                   | Employee #                                                                                                                      | Last Name             |                                                                                                                                                 |                   | First Name                                                                                                                                                                                                                                                                                                                |                 | M.I.                                      |          |                                                      |
|                              | Sex: <b>M</b>                                                                                                                   |                       | Race: <b>W</b>                                                                                                                                  |                   | Rank: <b>DSG</b>                                                                                                                                                                                                                                                                                                          |                 | Unit Assignment: <b>Lancaster Station</b> |          | Work Assignment (Unit #, Module, etc.): <b>112A</b>  |
|                              | ShiftTime (circle only one):<br><input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day |                       | ShiftType (circle only one):<br><input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty |                   | Intoxication/Drug Usage? <input type="checkbox"/>                                                                                                                                                                                                                                                                         |                 | Substance Used:                           |          |                                                      |
|                              | Hospital Admission? <input type="checkbox"/>                                                                                    |                       | Hospital Name:                                                                                                                                  |                   | Coroner Case? <input type="checkbox"/>                                                                                                                                                                                                                                                                                    |                 | Coroner Case #                            |          | Interviewed? <input checked="" type="checkbox"/>     |
|                              | Hrs of sleep prior to shooting: <b>Unknown</b>                                                                                  |                       | Duty Time (hrs):                                                                                                                                |                   | Clothing (circle only one):<br><input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest<br><input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest<br><input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest |                 | Other Factors: <b>None</b>                |          |                                                      |
|                              | Age:                                                                                                                            | Height: <b>6'</b>     | Weight: <b>250</b>                                                                                                                              |                   |                                                                                                                                                                                                                                                                                                                           |                 |                                           |          |                                                      |
|                              | Range Qualification Date:                                                                                                       |                       | PPC Qualification Date:                                                                                                                         |                   | Laser Training Date:                                                                                                                                                                                                                                                                                                      |                 |                                           |          |                                                      |
|                              | Certified with Weapon Used?                                                                                                     | Patrol Certification? | Certification Unit:                                                                                                                             | Prior Shootings?  | Number of Prior Shootings:                                                                                                                                                                                                                                                                                                | Directed Force: |                                           |          |                                                      |
|                              | Weapons Fired Brand: <b>Beretta</b>                                                                                             |                       | Caliber: <b>9mm</b>                                                                                                                             | # Shots: <b>4</b> | Weapons Fired Brand:                                                                                                                                                                                                                                                                                                      |                 | Caliber:                                  | # Shots: |                                                      |
|                              | Field Training Officer Emp #                                                                                                    |                       | Last Name                                                                                                                                       |                   | First Name                                                                                                                                                                                                                                                                                                                |                 | M.I.                                      |          |                                                      |
| Field Training Officer Emp # |                                                                                                                                 | Last Name             |                                                                                                                                                 | First Name        |                                                                                                                                                                                                                                                                                                                           | M.I.            |                                           |          |                                                      |
| <b>E 2</b>                   | Employee #                                                                                                                      | Last Name             |                                                                                                                                                 |                   | First Name                                                                                                                                                                                                                                                                                                                |                 | M.I.                                      |          |                                                      |
|                              | Sex: <b>M</b>                                                                                                                   |                       | Race: <b>H</b>                                                                                                                                  |                   | Rank: <b>DSG</b>                                                                                                                                                                                                                                                                                                          |                 | Unit Assignment: <b>Lancaster Station</b> |          | Work Assignment (Unit #, Module, etc.): <b>811G5</b> |
|                              | ShiftTime (circle only one):<br><input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day |                       | ShiftType (circle only one):<br><input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty |                   | Intoxication/Drug Usage? <input type="checkbox"/>                                                                                                                                                                                                                                                                         |                 | Substance Used:                           |          |                                                      |
|                              | Hospital Admission? <input type="checkbox"/>                                                                                    |                       | Hospital Name:                                                                                                                                  |                   | Coroner Case? <input type="checkbox"/>                                                                                                                                                                                                                                                                                    |                 | Coroner Case #                            |          | Interviewed? <input checked="" type="checkbox"/>     |
|                              | Hrs of sleep prior to shooting: <b>Unknown</b>                                                                                  |                       | Duty Time (hrs):                                                                                                                                |                   | Clothing (circle only one):<br><input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest<br><input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest<br><input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest |                 | Other Factors: <b>None</b>                |          |                                                      |
|                              | Age:                                                                                                                            | Height: <b>5'08"</b>  | Weight: <b>170</b>                                                                                                                              |                   |                                                                                                                                                                                                                                                                                                                           |                 |                                           |          |                                                      |
|                              | Range Qualification Date:                                                                                                       |                       | PPC Qualification Date:                                                                                                                         |                   | Laser Training Date:                                                                                                                                                                                                                                                                                                      |                 |                                           |          |                                                      |
|                              | Certified with Weapon Used?                                                                                                     | Patrol Certification? | Certification Unit:                                                                                                                             | Prior Shootings?  | Number of Prior Shootings:                                                                                                                                                                                                                                                                                                | Directed Force: |                                           |          |                                                      |
|                              | Weapons Fired Brand: <b>Sig Sauer</b>                                                                                           |                       | Caliber: <b>9mm</b>                                                                                                                             | # Shots: <b>5</b> | Weapons Fired Brand:                                                                                                                                                                                                                                                                                                      |                 | Caliber:                                  | # Shots: |                                                      |
|                              | Field Training Officer Emp #                                                                                                    |                       | Last Name                                                                                                                                       |                   | First Name                                                                                                                                                                                                                                                                                                                |                 | M.I.                                      |          |                                                      |
| Field Training Officer Emp # |                                                                                                                                 | Last Name             |                                                                                                                                                 | First Name        |                                                                                                                                                                                                                                                                                                                           | M.I.            |                                           |          |                                                      |
| <b>E 3</b>                   | Employee #                                                                                                                      | Last Name             |                                                                                                                                                 |                   | First Name                                                                                                                                                                                                                                                                                                                |                 | M.I.                                      |          |                                                      |
|                              | Sex: <b>M</b>                                                                                                                   |                       | Race: <b>H</b>                                                                                                                                  |                   | Rank: <b>DSG</b>                                                                                                                                                                                                                                                                                                          |                 | Unit Assignment: <b>Lancaster Station</b> |          | Work Assignment (Unit #, Module, etc.): <b>811G5</b> |
|                              | ShiftTime (circle only one):<br><input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day |                       | ShiftType (circle only one):<br><input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty |                   | Intoxication/Drug Usage? <input type="checkbox"/>                                                                                                                                                                                                                                                                         |                 | Substance Used:                           |          |                                                      |
|                              | Hospital Admission? <input type="checkbox"/>                                                                                    |                       | Hospital Name:                                                                                                                                  |                   | Coroner Case? <input type="checkbox"/>                                                                                                                                                                                                                                                                                    |                 | Coroner Case #                            |          | Interviewed? <input checked="" type="checkbox"/>     |
|                              | Hrs of sleep prior to shooting: <b>Unknown</b>                                                                                  |                       | Duty Time (hrs):                                                                                                                                |                   | Clothing (circle only one):<br><input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest<br><input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest<br><input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest |                 | Other Factors: <b>None</b>                |          |                                                      |
|                              | Age:                                                                                                                            | Height: <b>5'11"</b>  | Weight: <b>206</b>                                                                                                                              |                   |                                                                                                                                                                                                                                                                                                                           |                 |                                           |          |                                                      |
|                              | Range Qualification Date:                                                                                                       |                       | PPC Qualification Date:                                                                                                                         |                   | Laser Training Date:                                                                                                                                                                                                                                                                                                      |                 |                                           |          |                                                      |
|                              | Certified with Weapon Used?                                                                                                     | Patrol Certification? | Certification Unit:                                                                                                                             | Prior Shootings?  | Number of Prior Shootings:                                                                                                                                                                                                                                                                                                | Directed Force: |                                           |          |                                                      |
|                              | Weapons Fired Brand: <b>Beretta</b>                                                                                             |                       | Caliber: <b>9mm</b>                                                                                                                             | # Shots: <b>1</b> | Weapons Fired Brand:                                                                                                                                                                                                                                                                                                      |                 | Caliber:                                  | # Shots: |                                                      |
|                              | Field Training Officer Emp #                                                                                                    |                       | Last Name                                                                                                                                       |                   | First Name                                                                                                                                                                                                                                                                                                                |                 | M.I.                                      |          |                                                      |
| Field Training Officer Emp # |                                                                                                                                 | Last Name             |                                                                                                                                                 | First Name        |                                                                                                                                                                                                                                                                                                                           | M.I.            |                                           |          |                                                      |

# Officer Involved Shooting Suspect Information

URN: 016-02573-1137-013

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| Suspect Information                    |                                                   |           |                   |                                       |                                                  |            |             |                                                   |                                                              |            |        |                                            |                                                       |      |                          |                              |  |  |
|----------------------------------------|---------------------------------------------------|-----------|-------------------|---------------------------------------|--------------------------------------------------|------------|-------------|---------------------------------------------------|--------------------------------------------------------------|------------|--------|--------------------------------------------|-------------------------------------------------------|------|--------------------------|------------------------------|--|--|
| S 1                                    | Last Name                                         |           |                   | Quinn                                 |                                                  |            | First Name  |                                                   |                                                              | Matthew    |        |                                            | M.I.                                                  |      |                          | T.                           |  |  |
|                                        | AKA Last Name                                     |           |                   |                                       |                                                  |            | First Name  |                                                   |                                                              |            |        |                                            | M.I.                                                  |      |                          |                              |  |  |
|                                        | Sex: M                                            |           | Race: W           |                                       | Street Address                                   |            |             |                                                   | City                                                         |            |        |                                            | State & Zip Code                                      |      |                          |                              |  |  |
|                                        | Work Phone: None                                  |           |                   |                                       | Home Phone:                                      |            |             |                                                   | Social Security #:                                           |            |        |                                            | Driver's License #:                                   |      |                          |                              |  |  |
|                                        | Age: 45                                           |           | D.O.B: 01/23/1971 |                                       | Height: 6'00                                     |            | Weight: 180 |                                                   | FBI #:                                                       |            |        |                                            | CII #:                                                |      |                          |                              |  |  |
|                                        | Booking #                                         |           |                   |                                       | Primary Charge                                   |            |             |                                                   | Secondary Charge                                             |            |        |                                            |                                                       |      |                          |                              |  |  |
|                                        | Coroner Case? <input checked="" type="checkbox"/> |           |                   |                                       | Coroner Case # 2016-01202                        |            |             |                                                   | Intoxication/Drug Usage? <input checked="" type="checkbox"/> |            |        |                                            | Substance Used Alcohol (.142%)                        |      |                          |                              |  |  |
|                                        | Armed? <input checked="" type="checkbox"/>        |           |                   |                                       | Apprehended? <input checked="" type="checkbox"/> |            |             |                                                   | Mental Illness? <input checked="" type="checkbox"/>          |            |        |                                            | Criminal History? <input checked="" type="checkbox"/> |      |                          |                              |  |  |
|                                        | Vehicle Make                                      |           |                   | Model                                 |                                                  |            | Year        |                                                   |                                                              | Parole: No |        |                                            | Probation: Yes                                        |      |                          | Prior Felony Conviction: Yes |  |  |
|                                        | S                                                 | Last Name |                   |                                       |                                                  |            |             | First Name                                        |                                                              |            |        |                                            |                                                       | M.I. |                          |                              |  |  |
| AKA Last Name                          |                                                   |           |                   |                                       |                                                  | First Name |             |                                                   |                                                              |            |        | M.I.                                       |                                                       |      |                          |                              |  |  |
| Sex:                                   |                                                   | Race:     |                   | Street Address                        |                                                  |            |             | City                                              |                                                              |            |        | State & Zip Code                           |                                                       |      |                          |                              |  |  |
| Work Phone:                            |                                                   |           |                   | Home Phone:                           |                                                  |            |             | Social Security #:                                |                                                              |            |        | Driver's License #:                        |                                                       |      |                          |                              |  |  |
| Age: D.O.B:                            |                                                   | Height:   |                   | Weight:                               |                                                  | FBI #:     |             |                                                   |                                                              | CII #:     |        |                                            |                                                       |      |                          |                              |  |  |
| Booking #                              |                                                   |           |                   | Primary Charge                        |                                                  |            |             | Secondary Charge                                  |                                                              |            |        |                                            |                                                       |      |                          |                              |  |  |
| Coroner Case? <input type="checkbox"/> |                                                   |           |                   | Coroner Case #                        |                                                  |            |             | Intoxication/Drug Usage? <input type="checkbox"/> |                                                              |            |        | Substance Used                             |                                                       |      |                          |                              |  |  |
| Armed? <input type="checkbox"/>        |                                                   |           |                   | Apprehended? <input type="checkbox"/> |                                                  |            |             | Mental Illness? <input type="checkbox"/>          |                                                              |            |        | Criminal History? <input type="checkbox"/> |                                                       |      |                          |                              |  |  |
| Vehicle Make                           |                                                   |           | Model:            |                                       |                                                  | Year:      |             |                                                   | Parole:                                                      |            |        | Probation:                                 |                                                       |      | Prior Felony Conviction: |                              |  |  |
| S                                      |                                                   | Last Name |                   |                                       |                                                  |            |             | First Name                                        |                                                              |            |        |                                            |                                                       | M.I. |                          |                              |  |  |
|                                        | AKA Last Name                                     |           |                   |                                       |                                                  |            | First Name  |                                                   |                                                              |            |        |                                            | M.I.                                                  |      |                          |                              |  |  |
|                                        | Sex:                                              |           | Race:             |                                       | Street Address                                   |            |             |                                                   | City                                                         |            |        |                                            | State & Zip Code                                      |      |                          |                              |  |  |
|                                        | Work Phone:                                       |           |                   |                                       | Home Phone:                                      |            |             |                                                   | Social Security #:                                           |            |        |                                            | Driver's License #:                                   |      |                          |                              |  |  |
|                                        | Age: D.O.B:                                       |           | Height:           |                                       | Weight:                                          |            | FBI #:      |                                                   |                                                              |            | CII #: |                                            |                                                       |      |                          |                              |  |  |
|                                        | Booking #                                         |           |                   |                                       | Primary Charge                                   |            |             |                                                   | Secondary Charge                                             |            |        |                                            |                                                       |      |                          |                              |  |  |
|                                        | Coroner Case? <input type="checkbox"/>            |           |                   |                                       | Coroner Case #                                   |            |             |                                                   | Intoxication/Drug Usage? <input type="checkbox"/>            |            |        |                                            | Substance Used                                        |      |                          |                              |  |  |
|                                        | Armed? <input type="checkbox"/>                   |           |                   |                                       | Apprehended? <input type="checkbox"/>            |            |             |                                                   | Mental Illness? <input type="checkbox"/>                     |            |        |                                            | Criminal History? <input type="checkbox"/>            |      |                          |                              |  |  |
|                                        | Vehicle Make                                      |           |                   | Model:                                |                                                  |            | Year:       |                                                   |                                                              | Parole:    |        |                                            | Probation:                                            |      |                          | Prior Felony Conviction:     |  |  |
|                                        | S                                                 | Last Name |                   |                                       |                                                  |            |             | First Name                                        |                                                              |            |        |                                            |                                                       | M.I. |                          |                              |  |  |
| AKA Last Name                          |                                                   |           |                   |                                       |                                                  | First Name |             |                                                   |                                                              |            |        | M.I.                                       |                                                       |      |                          |                              |  |  |
| Sex:                                   |                                                   | Race:     |                   | Street Address                        |                                                  |            |             | City                                              |                                                              |            |        | State & Zip Code                           |                                                       |      |                          |                              |  |  |
| Work Phone:                            |                                                   |           |                   | Home Phone:                           |                                                  |            |             | Social Security #:                                |                                                              |            |        | Driver's License #:                        |                                                       |      |                          |                              |  |  |
| Age: D.O.B:                            |                                                   | Height:   |                   | Weight:                               |                                                  | FBI #:     |             |                                                   |                                                              | CII #:     |        |                                            |                                                       |      |                          |                              |  |  |
| Booking #                              |                                                   |           |                   | Primary Charge                        |                                                  |            |             | Secondary Charge                                  |                                                              |            |        |                                            |                                                       |      |                          |                              |  |  |
| Coroner Case? <input type="checkbox"/> |                                                   |           |                   | Coroner Case #                        |                                                  |            |             | Intoxication/Drug Usage? <input type="checkbox"/> |                                                              |            |        | Substance Used                             |                                                       |      |                          |                              |  |  |
| Armed? <input type="checkbox"/>        |                                                   |           |                   | Apprehended? <input type="checkbox"/> |                                                  |            |             | Mental Illness? <input type="checkbox"/>          |                                                              |            |        | Criminal History? <input type="checkbox"/> |                                                       |      |                          |                              |  |  |
| Vehicle Make                           |                                                   |           | Model:            |                                       |                                                  | Year:      |             |                                                   | Parole:                                                      |            |        | Probation:                                 |                                                       |      | Prior Felony Conviction: |                              |  |  |

**COUNTY OF LOS ANGELES  
SHERIFF'S DEPARTMENT**

**INVESTIGATIVE SUMMARY**

**INCIDENT:** On-duty, Hit Shooting, Suspect Deceased

**IAB FILE NUMBER:** SH2395381 / FO2510156

**URN#:** 016-02573-1137-013

**DATE/TIME:** February 11, 2016, 1842 hours

**LOCATION:** [REDACTED] La Vida Drive, Lancaster, California

On Thursday, February 11, 2016, Internal Affairs Bureau (IAB) investigators Sergeants John Adams, Jeffrey Smith (retired), and Lieutenant Slade Carrizosa (retired) responded to [REDACTED] La Vida Drive, Lancaster, to investigate an on-duty hit-shooting incident involving Deputies Arnold Camacho, Paul Mendez, and Kit Gruppie. Sergeant Adams was the handling IAB investigator. On June 20, 2019, this case was reassigned to Sergeant Francois Chang.

Sergeant Adams confirmed the watch commander, Lieutenant Joseph Fender, took reasonable steps to ensure the involved and witness personnel did not discuss the incident amongst themselves, nor with uninvolved persons prior to being interviewed by the assigned Homicide Bureau detectives. Sergeant Adams also ensured the watch commander knew the involved and witness personnel should not collectively consult with their representative. Additionally, Sergeant Adams verified the watch commander took reasonable steps to have the involved and witness personnel remain in the company of a supervisor until they provided a statement to the assigned detectives.

**SYNOPSIS**

On Thursday, February 11, 2016, at 1837 hours, an emergent call of a man threatening his neighbors with an axe at [REDACTED] [REDACTED], was assigned to Deputies Kit Gruppie (Unit 112A) and Shane Chapman (Unit 112B). Deputy Gruppie was the handling unit and had a civilian ride-a-long (Witness [REDACTED]) with him. Additionally, Deputies Arnold Camacho and Paul Mendez (Unit 811G5) were assigned to assist with the call. Deputies Gruppie, Camacho, and Mendez arrived within five minutes of the call being dispatched.

Upon Deputy Gruppie's arrival, he was flagged down by people in the street. The people told him a man (later identified as Suspect Matthew Quinn)



threatened them with an axe and pointed at the house Suspect Quinn last entered, which was located at [REDACTED] (later identified as Suspect Quinn's residence). Deputy Gruppie radio broadcasted the updated information via sheriff's radio and coordinated responding deputies to positions of containment around [REDACTED] La Vida Drive. Deputy Gruppie drove to [REDACTED] La Vida Drive and tactically positioned his patrol vehicle in front of the residence. Meanwhile, Deputies Camacho and Mendez arrived and tactically positioned their patrol vehicle east of Deputy Gruppie, facing the residence in a northeast direction.

Deputy Gruppie exited his patrol vehicle and saw Suspect Quinn standing near the front door of the residence, approximately 25-30 feet away from him. Deputy Gruppie said Suspect Quinn appeared disheveled and crazed in appearance. Deputy Gruppie saw Suspect Quinn retrieve an axe from the porch area, and then radio broadcasted that Suspect Quinn had an axe. Suspect Quinn swung the axe back and forth in one hand. Deputy Gruppie commanded Suspect Quinn to drop the axe, but he did not comply. Suspect Quinn walked toward Deputies Gruppie, Camacho, and Mendez, despite their commands to drop the axe. Suspect Quinn replied, "Nope, not gonna happen," and continued to walk toward them.

Deputy Mendez fired three Stunbag projectiles, striking Suspect Quinn in the chest. The Stunbag projectiles did not have the desired effect. Suspect Quinn continued to walk toward the deputies while holding the axe. Therefore, Deputy Mendez transitioned to his duty pistol. The deputies said Suspect Quinn came within five to 20 feet of them while still wielding the axe. Deputies Gruppie, Camacho, and Mendez each independently articulated they feared Suspect Quinn was going to assault them with the axe, resulting in great bodily injury or death. The deputies fired a cumulative ten rounds from their duty pistols to stop the threat.

Suspect Quinn fell to the ground with the axe beneath him. Deputy Chapman arrived immediately after the shooting occurred. The deputies immediately devised a tactical plan to provide life-saving measures to Suspect Quinn, while maintaining officer safety from unknown threats within his house. According to the deputies, since Suspect Quinn's house had not yet been checked by deputies for possible suspects, persons within it presented them with an unknown threat.

As Deputies Gruppie and Chapman approached Suspect Quinn to provide first aid, Deputies Camacho and Mendez protected them by placing themselves in between them and the suspect's house. Deputies Gruppie and Chapman administered cardio pulmonary resuscitation (CPR) to Suspect Quinn and continued life-saving efforts until relieved by Los Angeles County Fire Department personnel.

Sergeant Steve Owen, # [REDACTED] documented the following: He arrived "moments" after the shooting and ensured the deputies were safe. Sergeant Owen identified the deputies who were involved in the shooting and ascertained the direction they fired their pistols. Sergeant Owen ensured first aid was provided to Suspect Quinn and formed a plan with Deputies Camacho and Mendez to enter Suspect Quinn's house to check for victims and/or suspects. They entered the house and found two occupants: Witness [REDACTED] (suspect's [REDACTED] and [REDACTED] (suspect's [REDACTED]). Both were unharmed and safe inside the house. Deputy personnel discovered Suspect Quinn's bedroom door had been pulled off its hinges and damaged by apparent axe strikes, in addition to broken glass on the floor, indicative of Suspect Quinn's earlier violent behavior.

Deputy Elizabeth Sherman, # [REDACTED] arrived and escorted the ambulance that transported Suspect Quinn to Antelope Valley Hospital. Suspect Quinn was pronounced dead at 1921 hours by Doctor Wyler.

#### **DISTRICT ATTORNEY'S LETTER OF OPINION**

The Justice System Integrity Division of the Los Angeles County District Attorney's Office reviewed the fatal shooting of Deputies Gruppie, Camacho, and Mendez. In their letter of opinion [EXHIBIT A, pages 160-161], dated February 4, 2020, Head Deputy District Attorney Shannon Presby concluded all three deputies "acted in lawful self-defense and defense of others" when they used deadly force against Suspect Quinn.

#### **INVOLVED PERSONNEL**

##### **Gruppie, Kit**

Date of Employment:  
Date Assigned to Patrol/Lancaster Station:  
Date Completed Patrol Training:  
Prior Shooting Incidents:  
Prior Founded Force Incidents:

March 26, 2007  
April 18, 2010  
[REDACTED]

##### **Equipment Worn on Person**

Class "A" uniform, long sleeve  
Sam Browne gun belt containing:  
Magazine pouch containing two additional magazines  
Expandable baton  
Handheld flashlight  
Radio holder with portable radio  
Two handcuff cases containing handcuffs  
Sidearm: Beretta 92FS, 9mm  
Keys



Oleoresin Capsicum (OC) spray

**Camacho, Arnold**

Date of Employment:

May 7, 2007

Date Assigned to Patrol/Lancaster Station:

October 21, 2012

Date Completed Patrol Training:

Prior Shooting Incidents:

Prior Founded Force Incidents:

**Equipment Worn on Person**

Class "B" uniform, long sleeve

Ballistic vest

Sam Browne gun belt containing:

Magazine pouch containing two additional magazines

Portable radio

Two handcuff cases containing handcuffs

Sidearm: Sig Sauer P226, 9mm

Oleoresin Capsicum (OC) spray

Expandable baton

Keys

**Mendez, Paul**

Date of Employment:

July 23, 2007

Date Assigned to Patrol/Lancaster Station:

December 18, 2011

Date Completed Patrol Training:

Prior Shooting Incidents:

Prior Founded Force Incidents:

**Equipment Worn on Person**

Class "B" uniform, long sleeve

Ballistic vest

Sam Browne gun belt containing:

Magazine pouch containing three additional magazines

Portable radio

Handcuffs

Tourniquet

Sidearm: Beretta 92FS, 9mm

Keys

Oleoresin Capsicum spray

**SUSPECT**

**Quinn, Matthew** (Deceased), MW/45

Suspect Quinn was previously convicted of [REDACTED]

Additionally, he was convicted of an [REDACTED]

He was on

[REDACTED] at the time of this incident.

## **INJURIES**

### **Suspect Quinn:**

Multiple gunshot wounds [Exhibit A, page 129].

### **Involved Employees:**

None.

## **PHYSICAL EVIDENCE**

All physical evidence was located and collected under the direction of Homicide Bureau detectives. They were assisted by IAB investigators and LASD, Scientific Services Bureau, Forensic Identification Specialists Daniel Rosell, # [REDACTED] and Deputy Jeffrey Collins (retired), # [REDACTED]. For descriptions of the evidence collected and where it was found, see the submitted reports contained within the County of Los Angeles Sheriff's Department "Homicide Book" [Exhibit A, pages 42-45].

## **INVESTIGATOR OBSERVATIONS**

IAB investigators arrived within one hour of the shooting. IAB investigators noted the shooting incident occurred in front of a single-family residence at [REDACTED] La Vida Drive. This is a residential neighborhood, lined with single-family homes.

There were three marked patrol vehicles in front (south) of the above residence. The first, furthest west patrol vehicle (SD6565) was assigned to Deputy Gruppie (Unit 112A). This vehicle faced the residence in a northeast direction. Deputy Gruppie's driver side door was open.

The second patrol vehicle (SH1150) was assigned to Deputies Camacho and Mendez (Unit 811GS). This vehicle was east of Deputy Gruppie's vehicle and faced the residence in a northeast direction. Both front doors and trunk were open.

The third patrol vehicle (SH1407) was assigned to Deputy Chapman (Unit 112B). This vehicle was parked in the street near the east property line of [REDACTED] and faced west toward the front yard of [REDACTED] La Vida Drive.

Investigators saw numerous expended Stunbag shells, and 9mm cartridges on the ground between Deputy Gruppie's and Deputies Camacho and Mendez'

vehicles. Additionally, investigators saw an axe laying partially on the sidewalk and front yard of [REDACTED] La Vida Drive. Also in the front yard, was a bloody shirt, which belonged to Suspect Quinn.

#### **WEAPON USED BY DEPUTY GRUPPIE**

Deputy Gruppie fired four (4) rounds from his Department authorized, 9mm, Beretta 92FS, semiautomatic pistol, serial number BER [REDACTED]. The pistol was equipped with a tactical light. Homicide Detectives Barron and Peyton took possession of Deputy Gruppie's firearm, magazines, and the live rounds contained within it. LASD, Scientific Services Bureau, Firearms Identification Section, Senior Criminalist April Wong, # [REDACTED] examined the firearm and determined it to be functional [Exhibit A, page 107].

Date last qualified: [REDACTED]

Date last trained with weapon: [REDACTED]

#### **WEAPON USED BY DEPUTY CAMACHO**

Deputy Camacho fired five (5) rounds from his Department authorized, 9mm, Sig Sauer, P226, semiautomatic pistol, serial number [REDACTED]. Homicide Detectives Barron and Peyton took possession of Deputy Camacho's firearm, magazines, and the live rounds contained within it. LASD, Scientific Services Bureau, Firearms Identification Section, Senior Criminalist Amanda Davis, # [REDACTED] examined the firearm and determined it to be functional [Exhibit A, page 107].

Date last qualified: [REDACTED]

Date last trained with weapon: [REDACTED]

#### **WEAPONS USED BY DEPUTY MENDEZ**

Deputy Mendez fired four (4) projectiles from a Department Remington 870 Stunbag shotgun and one (1) round from his Department authorized, 9mm, Beretta 92FS, semiautomatic pistol, serial number BER [REDACTED]. The pistol was equipped with a tactical light. Homicide Detectives Barron and Peyton took possession of Deputy Mendez' firearm, magazines, and the live rounds contained within it. LASD, Scientific Services Bureau, Firearms Identification Section, Senior Criminalist Tracy Peck, # [REDACTED] examined the firearm and determined it to be functional [Exhibit A, page 107].

Date last qualified: [REDACTED]

Date last trained with weapon: [REDACTED]

#### **WEAPON USED BY SUSPECT QUINN**

34" axe, with a black metal sharpened blade, and brown handle [Exhibit A, pages 44 and 162].

### **PROPERTY DAMAGE**

Homicide Detective Sergeant Michael Rodriguez, # [REDACTED] and Detective Teri Bernstein, # [REDACTED], processed the crime scene. They saw a hole in a wood fence, west of [REDACTED] La Vida Drive, which appeared to be caused by an apparent Stunbag projectile. They also saw numerous apparent axe marks to the interior door of the southeast bedroom of [REDACTED] La Vida Drive. Investigators did not discover any damage caused by gunfire.

### **CRIMINAL INVESTIGATION**

The criminal investigation into this incident was handled by Homicide Bureau Detectives Dameron Peyton (retired), # [REDACTED] and Margarita Barron (retired), # [REDACTED]

### **STATEMENTS**

*The following narratives are intended only as a synopsis of the interviews, which have been paraphrased for clarification purposes. Additional information and precise wording may be obtained by reviewing the digitally audio recorded interviews and verbatim transcriptions if applicable.*

### **INVOLVED EMPLOYEE STATEMENTS**

#### **Deputy Kit Gruppie**

Deputy Gruppie was interviewed at Lancaster Station by Homicide Bureau Detectives Peyton and Barron on February 12, 2016. Deputy Gruppie was subsequently interviewed at IAB by IAB Sergeants Francois Chang and Terrence Smith, # [REDACTED] on May 19, 2020. He was represented by Attorney Amy Johnson of Rains Lucia Stern St. Phalle & Silver, PC. The following is a summary of the interviews:

On February 11, 2016, Deputy Gruppie worked a one-person unit, along with a ride-a-long, Witness [REDACTED]. Witness [REDACTED] was an Antelope Valley Press reporter who planned to do an article on a day in the life of a deputy and how they keep citizens safe.

**IAB Note:** On July 16, 2020, IAB investigators telephoned Witness [REDACTED] and discovered she was the source of a front-page newspaper article (**Miscellaneous Documents**) written about this incident and printed on

February 12, 2016. Adjacent to the article is the photograph taken by Witness [REDACTED] using her cell phone at the time of the incident. Witness [REDACTED] corrected the article's reporting and said she initially thought a TASER was used against the suspect, but later learned it was a Stunbag.

Witness [REDACTED] rode in the front passenger seat of the patrol vehicle. During the shift, an emergency call was dispatched regarding an assault with a deadly weapon occurring "now." The call stated a male adult was chasing people while swinging an axe at them.

Deputy Gruppie acknowledged the call, and was given the authorization to respond Code-3. Deputy Gruppie coordinated the call, but could not remember what he said. Deputy Gruppie's initial tactical plan was to pull onto a side street, near the incident location, and wait for additional units prior to approaching the location of the call.

Deputy Gruppie arrived within approximately two minutes of the call. As Deputy Gruppie drove toward the location of the call, he was flagged down by two "frantic" juveniles. The juveniles pointed down the street toward other adult bystanders and said a man was chasing people with an axe. Deputy Gruppie believed any further delay in his response to the location would be life threatening to the public. Deputy Gruppie drove toward the bystanders in the street, who were also frantic, screaming, and appeared scared to death. The adult bystanders reiterated a man was chasing people with an axe and pointed at the victim (Witness [REDACTED]).

Deputy Gruppie talked with Witness [REDACTED] and confirmed he was the victim of an assault with a deadly weapon. Witness [REDACTED] pointed at Suspect Quinn's house [REDACTED] and told Deputy Gruppie the suspect went inside. Deputy Gruppie drove to the house, turned on his driver side spot light, and pointed it at the front of the house. Deputy Gruppie tactically positioned his vehicle at a northeast angle, west of the house, to give him a good view of the house, while maintaining concealment from Suspect Quinn's view to optimize his officer safety. Deputy Gruppie also considered his backdrop to avoid injury to bystanders, should force be used.

Deputy Gruppie broadcasted an assault with a deadly weapon crime had occurred and relayed the address of the house where the suspect was last seen entering. Suddenly, Deputy Gruppie saw a male white (Suspect Quinn) who was wearing all black clothing. Deputy Gruppie noticed Suspect Quinn had long hair. Suspect Quinn was standing on the front porch of his house, west of a pillar.

Deputy Gruppie got out of his car and stood behind the driver's door of his patrol vehicle. Deputy Gruppie simultaneously told Witness [REDACTED] to "stay in the car." Unknown bystanders screamed, "That's him! That's the guy [Suspect Quinn]!" Numerous people in the neighborhood pointed at Suspect Quinn. Deputy

Gruppie believed he rolled up his windows, and locked the doors for the safety of Witness [REDACTED]

Deputies Camacho and Mendez arrived within two minutes of Deputy Gruppie's radio broadcast. Deputy Gruppie saw Suspect Quinn reach from behind a pillar at the front of the house and retrieve an axe. Deputy Gruppie described the axe as having a three-foot handle, shiny stainless steel blade, and was new. Deputy Gruppie immediately radio broadcast Suspect Quinn had an axe and attempted to detain him at gunpoint. Deputy Mendez stood east of Deputy Gruppie and Deputy Camacho stood west of Deputy Gruppie.

Despite the nighttime hours, Deputy Gruppie could clearly see Suspect Quinn due to the "flood of light" coming from streetlights, solar lighting, his patrol vehicle, and his pistol's tactical light.

Suspect Quinn swung the axe with one arm as he walked toward deputies Gruppie, Camacho, and Mendez at a "fast, aggressive pace" from approximately 30 feet away. Deputy Gruppie yelled at Suspect Quinn to drop the axe, to no avail. Suspect Quinn shook his head and said, "No, I'm not doing it" as he continued advancing toward the deputies. Deputy Gruppie believed Suspect Quinn was going to try to kill him. Deputy Gruppie considered other force options such as the TASER and Stunbag, but determined the TASER was not an effective weapon against a person with an axe.

Deputy Gruppie aimed his pistol, using his iron sights, at the suspect, while maintaining awareness of his backdrop, which was the side of a garage. As Suspect Quinn closed the distance from 30 feet to under 20 feet, Deputy Gruppie heard the Stunbag being fired two to three times. Deputy Gruppie saw the Stunbag projectiles hit Suspect Quinn in the chest, but said, "It didn't even phase him." Suspect Quinn came in such close proximity to himself, Deputy Gruppie feared for his life and fired his pistol four to five times. Deputy Gruppie saw his pistol rounds hitting Suspect Quinn, evidenced from dust and blood coming from his chest.

Suspect Quinn fell to the ground, but was still holding the axe and appeared he was trying to get up. Deputy Gruppie yelled commands for Suspect Quinn to drop the axe and get on the ground, as he reassessed the threat. Deputy Gruppie saw Suspect Quinn reach for the axe as he attempted to get up. Deputy Gruppie fired one additional round from his pistol, ending the threat. Deputy Gruppie reassessed the situation, saw Suspect Quinn roll over, and de-cocked his pistol. Deputy Gruppie broadcasted he was in a shooting. Deputy Gruppie saw an "elderly lady" exit the front door of Suspect Quinn's house. Deputy Gruppie saw Deputy Chapman pull up in a patrol vehicle moments after the shooting. Deputy Gruppie told Deputy Chapman to get his trauma shooting



kit so they could begin life-saving measures for Suspect Quinn. Deputies broadcasted a request for medical assistance.

Meanwhile, since Deputy Gruppie was unsure if there were any outstanding suspects or injured persons, he told Deputies Camacho and Mendez to check Suspect Quinn's house. Deputy Gruppie thought he and Deputy Chapman might be in the line of fire of potential outstanding suspects if they provided first aid to Suspect Quinn in the front yard. Deputy Gruppie considered dragging Suspect Quinn from the front yard to the garage, where he determined was a "safe zone." As Deputies Camacho and Mendez checked Suspect Quinn's house, Deputies Gruppie and Chapman administered CPR within 20-40 seconds of the shooting.

Deputies Gruppie and Chapman continued life-saving measures until they were relieved by fire department personnel. Sergeant Owen arrived within five minutes of the shooting. Sergeant Owen assisted Deputies Camacho and Mendez in checking Suspect Quinn's house for outstanding suspects and/or victims. Sergeant Owen verified who was involved in the shooting.

Homicide detectives conducted a round count of Deputy Gruppie's service weapon, which indicated he fired four rounds.

#### **Deputy Arnold Camacho**

Deputy Camacho was interviewed at Lancaster Station by Homicide Bureau Detectives Peyton and Barron on February 12, 2016. Deputy Camacho was subsequently interviewed at IAB by IAB Sergeants Francois Chang and Terrence Smith, # [REDACTED] on May 19, 2020. He was represented by Attorney Amy Johnson of Rains, Lucia, Stern. The following is a summary of the interviews:

On February 11, 2016, Deputy Camacho worked a two-person unit, along with his partner, Deputy Mendez. Deputy Camacho was the driver. During the shift, an emergency call was dispatched regarding an assault with a deadly weapon. The call stated a man was chasing people with an axe. Deputies Camacho and Mendez responded Code 3. Deputy Gruppie coordinated routes of travel for responding units via Sheriff's radio since multiple units were responding Code 3.

Deputies Camacho and Mendez arrived approximately three to five minutes after they began responding to the call. Upon Deputies Camacho and Mendez' arrival to the original location of the call, they were flagged down by multiple people. The people were waving their arms above their head, yelling, and pointing to Suspect Quinn's house. Deputy Camacho saw Deputy Gruppie's patrol vehicle facing north at Suspect Quinn's house. Deputy Gruppie's patrol vehicle spotlight was illuminating Suspect Quinn, who was standing at the front door of his house.

Deputy Camacho drove east of Deputy Gruppie, who was standing in the doorframe of his vehicle, and tactically parked his patrol vehicle. The space in

between Deputies Gruppie and Camacho's vehicles formed a "V," similar to how they would position their cars during a felony traffic stop. The positioning of Deputy Camacho's vehicle gave him and Deputy Mendez the best use of cover from the engine block as they prepared to contact Suspect Quinn.

As Deputy Camacho parked, he immediately said "Stunbag" to Deputy Mendez and "popped" the trunk. Deputies Camacho and Mendez were regular partners and constantly discussed tactical scenarios with each other. Therefore, Deputy Camacho knew Deputy Mendez understood he was expected to deploy the Stunbag. Based on the nature of the call and their previous tactical discussions, Deputies Camacho and Mendez chose to deploy less lethal weapons, Stunbag, as an immediately available force option. Deputy Camacho used his pistol to cover Deputy Mendez as Deputy Mendez retrieved the Stunbag from the trunk of their patrol vehicle. Deputy Camacho said the TASER would not have been an effective force option due to Suspect Quinn reportedly being armed with an axe from a distance of approximately 30 feet away.

Deputy Camacho exited his patrol vehicle and took cover behind the front. Suspect Quinn retrieved an axe near the front door of his house and faced the deputies. Suspect Quinn held the axe in a "port arms" manner, as if he was ready to swing it. Suspect Quinn "marched" toward the deputies at a fast pace and would not stop, despite the deputies' commands. Deputy Camacho yelled at Suspect Quinn, "Put down the axe, drop the axe" to no avail. Suspect Quinn repeatedly said, "Nope, it's not going to happen." Deputy Gruppie activated the "patch" and relayed the deputies were detaining Suspect Quinn at gunpoint.

**IAB Note:** The duplex "patch" is a function on a Sheriff's radio channel, minimizing the unnecessary repeating of information from the field.

As Suspect Quinn walked midway through the front yard of his house toward the deputies, Deputy Mendez fired the Stunbag, striking Suspect Quinn in the chest and stomach. The Stunbag projectiles had no effect. Suspect Quinn looked down at the Stunbag projectiles and then at the deputies as he nodded his head saying, "Not going to happen." Suspect Quinn continued "charging" toward the deputies and got within approximately 15 feet away, whereby he could have "seriously injured" or "killed" Deputy Camacho or one of his partners with the axe.

Deputy Camacho pointed his pistol and lined up his sights at Suspect Quinn. Deputy Camacho fired three to four rounds at Suspect Quinn's upper torso. Deputy Camacho saw Suspect Quinn fall to the ground and re-assessed the threat. Deputy Camacho took cover behind a tree while Suspect Quinn rolled on the ground. Deputy Camacho immediately broadcast he was in a deputy involved shooting and requested assisting units and a sergeant to respond. Deputy Camacho continually reassessed the situation and radio broadcasted a request for medical assistance for Suspect Quinn.

Deputy Camacho was conscious of his backdrop and wanted to check the welfare of any occupants inside Suspect Quinn's house, since bullets were fired in its direction coupled with Suspect Quinn's violent behavior. Deputy Camacho asked Lancaster Station dispatch personnel if there were any possible victims inside Suspect Quinn's house. Lancaster Station dispatch personnel replied they were unsure if there were any outstanding victims inside the house. Deputy Camacho called out and requested for anyone inside Suspect Quinn's house to exit. A female, Witness [REDACTED] exited the house and walked to Deputy Mendez who was standing at the south end of the driveway. The deputies then learned there was another person, [REDACTED] inside the house.

Within 10 to 20 seconds after the shooting, the deputies formed a tactical plan and decided Deputies Gruppie and Chapman would provide first aid to Suspect Quinn while Deputies Camacho and Mendez ensured their safety by providing cover. Deputies Camacho and Mendez stood in between Deputies Gruppie, Chapman, and Suspect Quinn's house to protect them from any possible outstanding suspects as they began life-saving measures.

Sergeant Owen arrived within three to five minutes of the shooting. Sergeant Owen, along with Deputies Camacho and Mendez, entered Suspect Quinn's house to look for any outstanding suspects and to check the welfare of any occupants. Deputy Camacho found an elderly and confused woman, [REDACTED] inside Suspect Quinn's house and verified she was unharmed. Deputy Camacho checked Suspect Quinn's house for stray bullets and possible damage from the shooting.

Homicide detectives conducted a round count of Deputy Camacho's service weapon indicating he fired five rounds.

### **Deputy Paul Mendez**

Deputy Mendez was interviewed at Lancaster Station by Homicide Bureau Detectives Peyton and Barron on February 12, 2016. Deputy Mendez was subsequently interviewed at IAB by IAB Sergeants Francois Chang and Terrence Smith, # [REDACTED] on May 18, 2020. He was represented by Attorney Amy Johnson of Rains Lucia Stern St. Phalle & Silver, PC. The following is a summary of the interviews:

On February 11, 2016, Deputy Mendez worked a two-person unit, along with his partner, Deputy Camacho. Deputy Mendez was the passenger. During the shift, an emergency call was dispatched regarding an assault with a deadly weapon whereby the suspect was swinging an axe. Deputies Camacho and Mendez responded Code 3. Deputy Mendez asked Lancaster Station dispatch personnel to clarify the last seen direction of Suspect Quinn and to describe the house he entered.

Deputies Camacho and Mendez arrived within three minutes of the call, just after Deputy Gruppie, who was radio broadcasting more information about the assault with a deadly weapon. Deputy Gruppie relayed the address Suspect Quinn was last seen entering. Deputy Mendez saw Deputy Gruppie's patrol vehicle facing north, toward Suspect Quinn's house. Deputy Gruppie's patrol vehicle spotlight was illuminating the front door of Suspect Quinn's house. Multiple people were waving their hands at Deputies Mendez and Camacho, and pointing at Suspect Quinn's house.

As Deputies Camacho and Mendez drove toward Deputy Gruppie's patrol vehicle, Deputy Mendez saw Suspect Quinn standing at the front door to his house. Suspect Quinn matched the description of the suspect described in the call. Deputy Mendez alerted Deputy Camacho of the Suspect Quinn's presence. Deputy Camacho positioned their patrol vehicle east of Deputy Gruppie, similar to felony traffic stop positioning—both patrol vehicles formed a "V" shape, converging at the front of their vehicles. The positioning of their patrol vehicle had several benefits: it allowed the deputies to be more spread out, making them difficult targets for the suspect; the patrol vehicles offered cover and concealment protection; and offered separate arrest team options, had they become available.

Since Deputies Camacho and Mendez were regular partners, they consistently trained together and discussed options for various tactical scenarios. Deputies Camacho and Mendez designated Deputy Mendez to deploy the Stunbag. Based on Suspect Quinn's distance from the deputies, they believed the Stunbag was the best, less lethal option to deploy—a TASER and Oleoresin Capsicum spray were not viable force options at the time. As Deputy Mendez exited their patrol vehicle, it became evident Deputies Gruppie and Camacho were now aware Suspect Quinn was standing outside his house.

Deputies Gruppie and Camacho gave commands for Suspect Quinn to walk toward them with his hands up. Meanwhile, Deputy Mendez retrieved the Stunbag from their trunk. Suspect Quinn waved at the deputies, refused to follow their commands, and walked toward the front door of his house. Suspect Quinn retrieved an axe from behind a pillar near the front door of the house. Deputies Gruppie and Camacho gave numerous commands for Suspect Quinn to drop the axe, to no avail.

Suspect Quinn walked southwest toward the deputies and was midway through the front yard of his house. Suspect Quinn held the axe in a "port-arms" position, with the blade side up, which would have allowed Suspect Quinn to strike someone.

**IAB Note:** Port-arms is a position in military drill in which one's rifle is held diagonally in front of the body, with the muzzle pointing upward to the left.

Deputy Mendez stood at the trunk of his patrol vehicle, approximately five feet east of Deputies Gruppie and Camacho. Deputies Gruppie and Camacho were next to each other near Deputy Camacho's front bumper, on the southwest sidewalk of Suspect Quinn's front yard.

Suspect Quinn came within ten feet of Deputies Gruppie and Camacho. Deputy Mendez aimed and fired one Stunbag round at Suspect Quinn's chest, but it was ineffective. Suspect Quinn continued walking toward the deputies as if he was a "brick wall." Deputy Mendez fired a second and third Stunbag round in quick sequence, hitting Suspect Quinn in the chest, but they were ineffective. Suspect Quinn looked down, shook his head, and said, "No, not today." Suspect Quinn continued holding the axe as he advanced toward Deputies Gruppie and Camacho, who began stepping backward in retreat. Deputies Gruppie and Camacho continued commanding Suspect Quinn to drop the axe.

**IAB Note:** Homicide Detective Sergeant Michael Rodriguez, # [REDACTED] and Detective Teri Bernstein, # [REDACTED], found four expended Stunbag cartridges and four expended Stunbag projectiles [Exhibit A, pages 42, 44, and 45].

Suspect Quinn came within approximately five feet of Deputies Gruppie and Camacho while holding the axe in a port arms position. Deputy Mendez believed Suspect Quinn was going to throw the axe at Deputies Gruppie and Camacho. Therefore, Deputy Mendez immediately put down the Stunbag and transitioned to his pistol. Deputy Mendez determined the situation was "life-threatening."

Deputies Gruppie and Camacho fired their pistols at Suspect Quinn, but Suspect Quinn appeared to take another step toward them. Deputy Mendez aimed his pistol at Suspect Quinn and intentionally fired one round from his pistol. Suspect Quinn fell backward onto the ground, and dropped the axe at his feet. Suspect Quinn appeared as if he was trying to stand up and grab the axe as he moved on the ground. Deputy Mendez reassessed the situation. Deputy Camacho radio broadcasted they were involved in a shooting and requested for medical assistance for Suspect Quinn.

Deputy Mendez was concerned about possible outstanding suspects and/or victims inside of Suspect Quinn's house and providing first aid to Suspect Quinn. Deputy Chapman arrived and the deputies devised a plan of how they were going to provide first aid to Suspect Quinn while maintaining officer safety. Deputies Mendez and Camacho decided to use themselves as human shields to "block" for Deputies Gruppie and Chapman, as they rendered first aid to Suspect Quinn.

Within one minute of the shooting, Deputies Mendez and Camacho positioned themselves between Deputies Gruppie, Chapman, and Suspect Quinn's house. At one point, the deputies considered dragging Suspect Quinn from the front yard

to a position of cover so that they would not be out in the open as they rendered first aid to Suspect Quinn.

Deputy Mendez made announcements for occupants inside of Suspect Quinn's house to exit. Witness [REDACTED] exited the front door and walked to Deputy Mendez. Deputy Mendez detained her in the back seat of Deputy Chapman's patrol vehicle. She told Deputy Mendez her 74-year-old [REDACTED] was inside the house sitting on the living room couch and had trouble walking.

Sergeant Owen arrived on scene. Sergeant Owen and Deputies Mendez and Camacho, discussed the situation and decided to enter Suspect Quinn's house to search for possible suspects and/or victims. Sergeant Owen, Deputies Mendez, and Camacho found [REDACTED] unharmed inside. Deputy personnel did not find any other suspects or victims.

While in the house, Deputy Mendez noticed property damage likely caused by an axe. Witness [REDACTED] told Deputy Mendez Suspect Quinn was hitting the walls and doors within the house prior to the deputies' arrival. Witness [REDACTED] said Suspect Quinn appeared "agitated" about another male with whom he got into a confrontation and was possibly drunk due to drinking alcohol earlier in the day.

Homicide detectives conducted a round count of Deputy Mendez' service weapon indicating he fired one round.

## **WITNESS STATEMENTS**

### **Witness Deputy Shane Chapman**

Deputy Chapman was interviewed at Lancaster Station by Homicide Bureau Detectives Peyton and Barron on February 12, 2016. Deputy Chapman was subsequently interviewed at Lancaster Station by IAB Sergeants Francois Chang and Jason Cunningham, # [REDACTED] on June 17, 2020. The following is a summary of the interview:

On February 11, 2016, Deputy Chapman worked a one-person unit as Unit 112B. During the shift, a call was dispatched regarding an assault with a deadly weapon. The call stated a man was holding an axe. While Deputy Chapman responded, an update to the call was relayed saying that the suspect had run from the original location, down the street, into a house. Deputy Chapman responded and Deputy Gruppie told him, via sheriffs radio (LTAC), to position himself east of the house to contain it. As Deputy Chapman continued to respond, he heard an emergent radio broadcast of a deputy involved shooting.



**IAB Note:** L-TAC is a local tactical channel assigned to a station(s). This channel is used for tactical coordination within a station area.

Deputy Chapman arrived within two to three minutes of the call. Upon his arrival, he positioned his patrol vehicle east of Suspect Quinn's house, facing west. Deputy Chapman saw two patrol vehicles parked, facing north, and positioned next to each other as if they were conducting a felony traffic stop. The other two patrol vehicles had their lights illuminating Suspect Quinn's house. The involved deputies were standing at the front of the push bars of their patrol vehicles'. Deputy Chapman exited his patrol vehicle and took cover behind a tree that was in front of Suspect Quinn's house. Suspect Quinn was on the ground, just northwest of Deputy Chapman. Deputy Chapman noticed Suspect Quinn had been shot, and was bleeding.

Deputy Chapman was told to watch the front door of the house. Deputy Chapman knew the front door was open because he could see light shining through the security screen door. Deputy Chapman also saw shadows of people within the house.

Within approximately one minute of the shooting, deputies devised a plan that would optimize their safety while providing first aid to Suspect Quinn. Deputy Chapman retrieved gloves from his patrol vehicle in preparation to provide first aid. As Deputies Chapman and Gruppie walked toward Suspect Quinn, Deputies Camacho and Mendez provided cover to protect them from any threats within his house.

As Deputies Chapman and Gruppie went to provide first aid to Suspect Quinn, Deputy Chapman saw an axe beneath Suspect Quinn's left foot. For their safety, Deputy Chapman grabbed the axe and tossed it a few feet away from Suspect Quinn, toward the sidewalk.

**IAB Note:** The axe was recovered [REDACTED] feet north of the south curb line of La Vida Drive and [REDACTED] feet, [REDACTED] inches east of the east curb line of San Francisco Avenue [Exhibit A, page 44].

Deputy Chapman searched Suspect Quinn for additional weapons, but did not find any. Deputies Chapman and Gruppie took turns performing CPR on Suspect Quinn until they were relieved by fire department personnel approximately two minutes later.

**Witness** [REDACTED]

Witness [REDACTED] was interviewed at [REDACTED] La Vida Drive by Homicide Bureau Detectives Peyton and Barron on February 11, 2016. Refer to the Homicide Book for their summary of the interview [Exhibit A, page 56].

Witness [REDACTED] said Suspect Quinn, her [REDACTED] was upset and breaking things within their house. Suspect Quinn had blood on his hands and went outside carrying an axe. Witness [REDACTED] heard Suspect Quinn yelling at people outside.

Deputies arrived while Suspect Quinn was in the front yard holding the axe, "ready to hit a cop." Deputies yelled unintelligible commands at Suspect Quinn and a deputy involved shooting occurred respectively. Suspect Quinn and Witness [REDACTED] have been diagnosed with schizophrenia and were under the care of a doctor at the time of the incident.

**IAB Note:** Schizophrenia is a mental disorder characterized by some of the following features: emotional blunting, intellectual deterioration, social isolation, disorganized speech and behavior, delusions, and hallucinations (DICTIONARY.COM, "schizophrenia," 06/11/20, [www.dictionary.com/browse/schizophrenia](http://www.dictionary.com/browse/schizophrenia)).

**Witness** [REDACTED]

Witness [REDACTED] was interviewed at Lancaster Station by Homicide Bureau Detectives Peyton and Barron on February 12, 2016. She was on a ride-a-long with Deputy Gruppie at the time of the incident. Refer to the Homicide Book for their summary of the interview [Exhibit A, page 59].

Witness [REDACTED] and Deputy Gruppie responded to an assault with a deadly weapon call. Upon their arrival, they saw Suspect Quinn holding an axe as he stood at the front porch of his house.

Assisting deputies arrived and gave Suspect Quinn commands to stop and put down the axe. Suspect Quinn refused and continued advancing toward the deputies. The deputies shot at Suspect Quinn, stopping the threat. Deputies administered first aid to Suspect Quinn until the arrival of paramedics.

**Witness** [REDACTED]

Witness [REDACTED] was interviewed at [REDACTED] La Vida Drive by Homicide Bureau Detectives Peyton and Barron on February 11, 2016. Refer to the Homicide Book for their summary of the interview [Exhibit A, page 56].

Witness [REDACTED] got into an argument with Suspect Quinn, who was acting erratically. Suspect Quinn went to his home and returned to Witness [REDACTED] holding an axe. Suspect Quinn chased Witness [REDACTED] and tried to hit him with the axe.

Deputies responded and repeatedly ordered Suspect Quinn to drop the axe.

Suspect Quinn refused as he walked toward deputies. Deputies "Tased" the suspect, but it had no effect. Deputies shot the suspect. The Deputies administered first aid and called for paramedics.

**Witness** [REDACTED]

Witness [REDACTED] was interviewed at Lancaster Station by Homicide Bureau Detectives Domenik Recchia, # [REDACTED] and John O'Brien, # [REDACTED] on February 12, 2016. Refer to the Homicide Book for their summary of the interview [Exhibit A, page 52].

Witness [REDACTED] said Suspect Quinn got into an argument with Witness [REDACTED]. Suspect Quinn left and returned holding a large axe as he confronted Witness [REDACTED]. Witness [REDACTED] left and retrieved two baseball bats.

Witness [REDACTED] heard Suspect Quinn yell, "I'm going to cut off your head," and "I'll kill deputies." Deputies arrived and gave Suspect Quinn commands to drop the axe. Deputies "Tased" the suspect, but it had no effect.

Suspect Quinn moved toward the deputies, despite their commands to stop. Deputies shot Suspect Quinn and ended the threat.

**Witness** [REDACTED] (MB/11)

Witness [REDACTED] was interviewed on video (**Miscellaneous Documents**) in the field by Deputy Michael Markman, # [REDACTED] on February 11, 2016. Refer to his supplemental report contained within the Homicide Book for his summary of the interview [Exhibit A, page 12].

Witness [REDACTED] was subsequently interviewed at Lancaster Station by Homicide Bureau Detectives Recchia and O'Brien on February 12, 2016. Refer to the Homicide Book for their summary of the interview [Exhibit A, page 51]

Witness [REDACTED] saw Suspect Quinn holding an axe, arguing with Witness [REDACTED]. Deputies arrived and commanded Suspect Quinn to, "Drop the axe" as Suspect Quinn stood in his front yard. Suspect Quinn refused and walked toward the deputies. The deputies "Tased" Suspect Quinn, but it had no effect. Suspect Quinn continued to advance toward the deputies. The deputies shot Suspect Quinn. Deputies administered first aid and called for paramedics.

**Witness** [REDACTED]

Witness [REDACTED] was interviewed at [REDACTED] by Deputy Aaron Tanner, # [REDACTED] on February 11, 2016. Refer to the Homicide Book for his summary of the interview [Exhibit A, page 29].

Witness [REDACTED] heard Suspect Quinn yelling outside. Deputies arrived and commanded someone to, "Drop the axe." Suspect Quinn continued to yell and sounded angry. Seconds later, he heard numerous gunshots, but did not elaborate.

**Witness** [REDACTED]

Witness [REDACTED] was interviewed at [REDACTED] by Lancaster Station Detective Brandon Barclay, # [REDACTED], on February 11, 2016. Refer to the Homicide Book for his summary of the interview [Exhibit A, page 19].

Witness [REDACTED] heard Suspect Quinn and Witness [REDACTED] arguing outside. Suspect Quinn was holding an axe and Witness [REDACTED] was holding two baseball bats. Moments later, deputies arrived. Suspect Quinn exited his house holding an axe.

Deputies gave repeated commands for Suspect Quinn to drop the axe to no avail. Deputies fired their Stunbag shotgun at Suspect Quinn, but it had no effect. Deputies then shot Suspect Quinn.

**Witness** [REDACTED]

Witness [REDACTED] was interviewed at [REDACTED] by Deputy Armando Lopez, # [REDACTED], on February 11, 2016. Refer to the Homicide Book for his summary of the interview [Exhibit A, page 32].

Witness [REDACTED] saw Suspect Quinn and Witness [REDACTED] arguing with each other outside. Suspect Quinn was holding an axe and Witness [REDACTED] was holding a baseball bat. Approximately two minutes later, deputies arrived in front of Suspect Quinn's residence. Witness [REDACTED] looked out his living room window and saw an unknown number of deputies "fire their weapons."

**Witness** [REDACTED]

Witness [REDACTED] was interviewed at [REDACTED] by Deputy Ulise Ruiz, # [REDACTED], on February 11, 2016. Refer to the Homicide Book for his summary of the interview [Exhibit A, page 35].

Witness [REDACTED] heard arguing outside his residence. Witness [REDACTED] went outside to investigate and saw Suspect Quinn holding an axe, chasing Witness [REDACTED] who was holding a stick. After a few minutes passed, Suspect Quinn left and went into his house.

Deputies arrived to the front of Suspect Quinn's house. Suspect Quinn exited his house wielding an axe as he walked toward the deputies. Deputies gave commands for Suspect Quinn to "Drop the axe" to no avail. Witness [REDACTED]

heard the sound of gunfire. Witness [REDACTED] saw deputies check Suspect Quinn's house as another deputy stayed behind to administer first aid to Suspect Quinn.

**Witness** [REDACTED]

Witness [REDACTED] was interviewed at [REDACTED] by Deputy Ruiz on February 11, 2016. Witness [REDACTED] provided video surveillance footage that captured some of the incident between Suspect Quinn and Witness [REDACTED]. Refer to the Homicide Book for his summary of the interview [Exhibit A, page 36].

Witness [REDACTED] saw Suspect Quinn yelling at a neighbor saying, "I'm going to kill your family." Witness [REDACTED] walked to Suspect Quinn to calm him down. Suspect Quinn and Witness [REDACTED] began to argue. Suspect Quinn left to his house and retrieved an axe. Witness [REDACTED] went inside his house and told his [REDACTED]. Witness [REDACTED] what was occurring.

IAB investigators reviewed the video [Exhibit B] provided by Witness [REDACTED] but due to the poor quality, was unable to obtain any relevant or detailed information. IAB investigators telephoned Witness [REDACTED] on July 8, 2020, and asked if he had a better and/or clear copy of the video previously provided, but he did not.

**Witness** [REDACTED]

Witness [REDACTED] was interviewed at [REDACTED] by Deputy Ruiz on February 11, 2016. Refer to the Homicide Book for his summary of the interview [Exhibit A, page 35].

Witness [REDACTED] heard yelling outside her house. Witness [REDACTED] went to investigate and saw Suspect Quinn holding an axe and Witness [REDACTED] holding two bats as they argued. Suspect Quinn swung the axe as he approached Witness [REDACTED]. Suspect Quinn then ran into his house.

Witness [REDACTED] telephoned Lancaster Station to respond. Upon deputies' arrival, Suspect Quinn came outside holding an axe. Deputies repeatedly commanded Suspect Quinn to put down the axe. Witness [REDACTED] heard the sound of gunfire and saw Suspect Quinn fall to the ground. Deputies administered first aid to Suspect Quinn and checked his house.